MAIL BACK TO: TORRES-MARTINEZ TRIBAL TANF 3450 WILSHIRE BLVD., STE 950 LOS ANGELES, CA 90010

Case Name:	RIES MARIA
Case Number:	20 Maria Maria
District Office:	OF ACT ACOUNTS AND A ACOUNTS
ve American Indians	W III

200711022220, 07100010	Distri	ct Office:		TO MILE THE
Important Notice	e for Native	American Inc	dians	TRIBAL T.A.N.F.
Are you or is anyone in your far JSA? The Torres-Martinez Tr				TMTT Use Only
Tribal TANF) has assumed auth services for Native American Ind		•	•	Tribal TANF
FANF provides welfare services he County of Los Angeles, included by, and supportive services to	Contacted:			
program and become self-sufficie				Applied:
f you believe you qualify and ca llo choose to begin receiving				
rom the Tribal TANF program OR continue receiving cash benefits and employment services with the Los Angeles County Department of Public Social Services. I would like to (check one box only):				Denied Effective:
understand if I later ch Angeles County DPS	noose to accept serv SS cash benefits v	cash benefits and se vices from Tribal TANF, vill be discontinued ar li-Cal for which I qualify	my Los Id I will	Approved Effective:
continue receiving my Los Angeles County D		employment services wi	th the	
If you need additional information appointment, you may call you unique needs and challenges of	r nearest office liste	d below. Tribal TANF		
Commerce TANF 800-665-7292	Gardena TANF 800-665-7649	Lancaster TANF 800-665-6781		nire TANF 665-7228
Please complete and return to documentation. if available.				

Please complete and return this form with a copy of your Tribal or Bureau of Indian Affairs documentation, if available, to 3450 Wilshire Blvd., Suite 950, Los Angeles, CA 90010. Torres-Martinez Tribal TANF will then take the appropriate action to contact you about changing your benefit provider if you so desire.

I understand that this form is **only a request for more information about Tribal TANF**. If I decide to receive services from Tribal TANF, I authorize Los Angeles County, DPSS to share my case information with the Tribal TANF Consortium. I understand that information in my case record will be kept confidential.

Name:	Telephone No.:	
Signature:	Date:	
Address:		